STATE OF MARYLAND—CERTIFICATE OF DEATH

08934

(167)

1. PLACE OF DEATH

County Charles Registration Dist. No. 105

Village or City Waldorf No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 48 yrs. 5 mos. 4 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Winston Bealle If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) March 29, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. own farm

10. Date deceased last worked at this occupation (month and year) Sept. 1939

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Waldorf, Md.

FATHER

13. NAME John W. Bealle

14. BIRTHPLACE (city or town) (State or country) Waldorf, Md

MOTHER

15. MAIDEN NAME Sally Carrington

16. BIRTHPLACE (city or town) (State or country) Halifax County, Virginia

17. INFORMANT (Address) P. Henry Bealle (Brother) Waldorf, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Accokeek Date Sept 4, 1939

19. UNDERTAKER (Address) Hunt & Ryan Waldorf

20. FILED Sept 3, 1939 M. L. Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 2, (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on Sept. 2, 1939, ~~[illegible]~~, ~~[illegible]~~

I ~~[illegible]~~ saw him ~~[illegible]~~ on Sept. 2, 1939; death is said to have occurred on the date stated above at 10:30 Am.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Self-inflicted gunshot wound of brain	9-2-39

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury Sept. 2, 1939

Where did injury occur? Waldorf, Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Home (chicken house)

Manner of injury Gunshot wound

Nature of injury Laceration of brain

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) James L. MacKavanagh, M.D., Deputy Medical Examiner

(Address) La Plata, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 6 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08935

1. PLACE OF DEATH

County Charles Registration Dist. No. 100

Village or City La Plata No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eva May Campbell If U. S. Veteran, specify WAR ...

(a) Residence: No. La Plata Rfd St., Ward. If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	C	Still born

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	Still	born		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) La Plata Md.
(State or country)

FATHER

13. NAME Harris Brown

14. BIRTHPLACE (city or town) Charles Co.
(State or country)

MOTHER

15. MAIDEN NAME Sadie Lucille McPherson

16. BIRTHPLACE (city or town) Charles Co.
(State or country)

17. INFORMANT Sadie Campbell
(Address) La Plata Md

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date Sept. 4th, 1939

19. UNDERTAKER Harris Brown
(Address) La Plata Md

20. FILED Sept. 4th, 1939 Lillian Posey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9 (Month) 2 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Still Born 19 ... to ... 19 ...

I last saw h... alive on ..., 19 ...; death is said to hava occurrad on the data stated above, at ... m.

Tha **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Asphyxiation Contaminated.	
Prolonged Labor.	

Other **Contributary Causes** of importance:

Neme of operation — Date of —

What test confirmed diagnosis? — Was thare an autopsy? —

23. If deeth was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19 ...

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury —

Neture of injury —

24. Was disease or injury in eny way related to occupation of deceesed? —

If so, specify —

(Signed) J. T. McGuire M. D.

(Address) La Plata Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08936

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Charles Registration Dist. No. 106

Village or City Indian Head No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of rasidance in city or town whera death occurred 6 yrs. 5 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Hawkins Elmore If U. S. Veteran, specify WAR

(a) Residence: No. Indian Head St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Negro	Widowed

5a. If marriad, widowad, or divorced (or) WIFE of James Elmore

6. DATE OF BIRTH (month, day, and yaar) July 18, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	2	8	

OCCUPATION

8. Treda, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Private Home

10. Date dacaased last workad at this occupation (month and year) Sept. 1938

11. Total tima (years) spent in this occupation 6

12. BIRTHPLACE (city or town) Pomonkey (State or country) Md

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) Not Known (Stata or country)

MOTHER

15. MAIDEN NAME Annie Hawkins

16. BIRTHPLACE (city or town) Pomonkey, Md. (State or country)

17. INFORMANT Robert Hungerford (Address) Indian Head, Md

18. BURIAL, CREMATION, OR REMOVAL Place Pomonkey, Md Date 9-30, 1939

19. UNDERTAKER Barnes & Mathews (Address) 614 4½ St S. W. Wash. D. C

20. FILED Sept. 29, 1939 F. E. Dunnington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 26 (Day), 1939 (Yaar)

22. I HEREBY CERTIFY That I attended deceased from Sept. 26, 1938, to Sept. 26, 1939

I last saw her alive on Sept 26, 1939; death is said to have occurred on the date stated above, at 7.30 p.m.

The PRINCIPAL CAUSE OF DEATH and relatad causas of importanca ware as follows:

	Date of onset
Carcinoma Stomach	1939
Other Contributory Causes of importance:	
Chronic Myocarditis	1938

Name of operation None Date of

What tast confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury

Neture of injury

24. Wes disease or Injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank H. Swan M. D.

(Address) Indian Head, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 6 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08937

Reg. Dist. No. 104

1. PLACE OF DEATH:

County Charles

City or town Wayside

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William H. Harris

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
m	B	widowed

6 (b) Name of husband or wife Emily Harris

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 78 | Months — | Days — | If less than one day hrs. min.

9. Birthplace Mobile Alabama

(Town, county, and state)

10. Usual occupation none, U.S. pension list

11. Industry or business

FATHER 12. Name unknown

13. Birthplace "

MOTHER 14. Maiden name "

15. Birthplace "

16. Informant Geo H. Shade

Address Wayside

17. Shiloh cemetery (Burial, ~~cremation,~~ or removal. Which?) Date thereof ~~1939~~ 9 6 1939 (month) (day) (year)

Cemetery or crematory Shiloh

Location near Wayside

18. Funeral director Geo. H. Shade

Address Wayside

19. 9-5- 1939 (Date rec'd by registrar) T. L. Higdon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 4 1939, at 11 40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 8 1939, to Sept. 4 1939, and that I last saw him alive on Sept 1 1939.

Immediate cause of death Exhaustion Apoplexy

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE T. L. Higdon M. D. or other

Address Wayside Date signed 9-5-39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08938

Reg. Dist. No. 2nd

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Charles
City or town La Plata Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Charles
City or town La Plata Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Still born Johnson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Col	—

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
Stillborn			hrs. min.

9. Birthplace Charles Co.
(Town, county, and state)
10. Usual occupation
11. Industry or business

FATHER
12. Name LeRoy Philip Johnson
13. Birthplace Chas Co Md

MOTHER
14. Maiden name Sarah Savoy
15. Birthplace Chas. Co. La Plata

16. Informant LeRoy Philip Johnson father
Address La Plata

17. Burial Date thereof Sept. 7 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory on farm near La Plata
Location East of La Plata

18. Funeral director LeRoy Johnson acting)
Address La Plata Md

19. Sept 1st 1939 Lillian Posey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6th 1939, at 11:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19 , to 19
and that I last saw h alive on 19

Immediate cause of death	DURATION
no physician	
Due to Prematurity	4½ Mos
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Lillian V. Posey Registrar
M. D. or other
Address La Plata Date signed Sept 7 1939

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OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08939

Reg. Dist. No. 144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Charles
City or town Rock Point
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Lewis

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 39

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Rock Point
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Francis Warren
13. Birthplace Md.

MOTHER 14. Maiden name Mary L. Lewis
15. Birthplace Md.

16. Informant Annie Lewis
Address Rock Point

17. (Burial, cremation, or removal. Which?) Date thereof 9-24-39
(month) (day) (year)

Cemetery or crematory Private
Location Rock Point

18. Funeral director Milford Lewis
Address Rock Point

19. 9-24-1939 (Date rec'd by registrar) T. L. Hayden, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-24-1939, at 7a.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death	stillborn	DURATION
Due to		
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE T. L. Hayden M. D. or other
Address Wayside Date signed 9-24-39

RECEIVED
OCT 5 1936
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08940

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (23)

County Charles Registration Dist. No. 1 0 W

Village or City Fort Tobacco No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of rasidance in city or town where deeth occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Matthew Xavier Muchett If U.S. Veteran, specify WAR

(a) Residence: No. Fort Tobacco St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	C	Single

5a. If married, widowad, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and yaar) Jan 22, 1921

7. AGE	Years	Months	Oays	If LESS than 1 day, hrs. or min.
	18	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. Student

10. Date daceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tomquksey (State or country) Chas Co.

FATHER

13. NAME George Edward Muchett

14. BIRTHPLACE (city or town) Bensville (State or country) Chas Co.

MOTHER

15. MAIDEN NAME Mary Elizabeth Shorter

16. BIRTHPLACE (city or town) Bensville (State or country) Chas Co.

17. INFORMANT Jorge E. Muchett (Address) Fort Tobacco Md.

18. BURIAL, CREMATION, OR REMOVAL Place Ponturts Neck Date Sept 11th, 1939

19. UNDERTAKER Hunt and Ryon (Address) Waldorf Md.

20. FILED Sept 9th, 1939 Lillian Posey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 9 (Day), 1939 (Yaar)

22. I HEREBY CERTIFY That I attendad dacaasad from Sept 4, 1939, to Sept 9, 1939

I last saw h.i.m. alive on Sept 7, 1939; daath is said to have occurred on the date statad above, at 5 p.m.

The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	9-4-39
	9-9-39

Other Contributory Causes of Importance:

Pulmonary Tuberculosis	Chronic

Name of operation — Date of —

What test confirmed diegnosis? — Was thare an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Whara did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Mannar of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of dacaased? No

If so, specify

(Signad) E Fiddes M. D.

(Address) La Plata, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 6 1939
BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(75)

08941

Reg. Dist. No. 104

1. PLACE OF DEATH:

County: Charles

City or town: Tompkinsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Tompkinsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George Proctor

3. (b) Social Security Number

4. Sex: M

5. Color or race: B

6. (a) Single, married, widowed, or divorced: widowed

B (b) Name of husband or wife: Corie Proctor

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): Feb. 20 - 1884

8. AGE: Years: 55 Months: 7 Days: 10 If less than one day: hrs. min.

9. Birthplace: Tompkinsville (Town, county, and state)

10. Usual occupation: Laborer on State Road

11. Industry or business

FATHER

12. Name: Peter Proctor

13. Birthplace: Md.

MOTHER

14. Maiden name: Sarah Proctor

15. Birthplace: Md.

16. Informant: Earl Proctor

Address: Tompkinsville

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-2 1939 (month) (day) (year)

Cemetery or crematory: Holy Ghost Cem.

Location: Issue, Md.

18. Funeral director: Hunt & Ryan

Address: Waldorf

19. Oct. 1, 1939 (Date rec'd by registrar) T. L. Higdon, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 30 - 1939 at 7 10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 28 1939 to Sept. 30 1939 and that I last saw him alive on Sept. 28 1939

Immediate cause of death: Alcoholism, Drank 8 half pints

Due to: Fed 5 to 6 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: T. L. Higdon, M. D. or other

Address: Waysick Date signed 10-1-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(210-m)

08942

Reg. Dist. No.

1. PLACE OF DEATH:

County: Charles

City or town: La Plata
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Physicians Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days): 7 1/2 hrs

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: White Plains Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Swann Louise

3. (b) Social Security Number

4. Sex: F.

5. Color or race: C.

6. (a) Single, ~~married, widowed, or divorced~~: ✓

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): October 8 - 1925

8. AGE: Years: 13 (~~14~~) Months: 10 Days: 26 If less than one day: hrs. min.

9. Birthplace: ~~Pomphrey~~ Pomfret, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Walter Swann
13. Birthplace: Bell Alton Md.

MOTHER
14. Maiden name: Ollie Proctor
15. Birthplace: ~~La Plata~~ Faulkner, Md

16. Informant: Walter Swann
Address: ~~Bel Alton~~ White Plains, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Sept. 6-1939 (month) (day) (year)

Cemetery or crematory: St Joseph

Location: Pomfret

18. Funeral director: Hunt + Ryon

Address: Waldorf

19. Sept. 5 1939 Lillian V. Posey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 4, 1939, at 3:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 3 1939, to Sept. 4 1939, and that I last saw her alive on Sept. 4 1939.

Immediate cause of death: Fracture base of skull — DURATION: 8 hrs

Due to: Automobile accident — 8 hrs. ante-mortem

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Accident Date of: 9-3-39

Where did injury occur? Chapel Pt., Bel Alton P.O., Charles Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?): State road

Means of injury: Car turned over Injured at work? No

23. SIGNATURE: James L. MacKavanagh, M.D., Deputy Med. Examiner
M. D. or other

Address: La Plata, Md. Date signed: 9-4-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08943

CERTIFICATE OF DEATH

210-m

Reg. Dist. No. 100

1. PLACE OF DEATH:

County Charles

City or town La Plata
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Physicians Memorial Hosp.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Charles

City or town Pomfret Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thompson Louis

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	✓

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1925

8. AGE:

Years	Months	Days	If less than one day
14	8	3	hrs. min.

9. Birthplace Charles, Maryland
(Town, county, and state)

10. Usual occupation School

11. Industry or business

FATHER 12. Name William Thompson

FATHER 13. Birthplace Charles Co.

MOTHER 14. Maiden name Annie Proctor

MOTHER 15. Birthplace Charles Co.

16. Informant William Thompson Jr (Brother)

Address Pomfret, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 6-1939 (month) (day) (year)

Cemetery or crematory St Joseph

Location Pomfret Md

18. Funeral director Kent & Ryon

Address Waldorf, Md

19. Sept 5 1939 (Date rec'd by registrar) Lillian V. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 4 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 3 1939, to Sept 4 1939, and that I last saw h IM alive on Sept 4 1939

Immediate cause of death Fracture vault of Skull — Cerebral Compression — DURATION 16 hrs. 10 Min.

Due to Automobile accident — Same

Due to

Other conditions Laceration left Cheek — Bruise Burns left Shoulder
(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Sept 3 1939

Where did injury occur? Bel Alton (City or town) Charles (County) Md (State)

Injured at home, farm, industry, public place (where?) State road

Means of injury Car turned over Injured at work? No

23. SIGNATURE J. J. McAndrew M.D. Acting Dept. Med. Exa. M. D. or other

Address La Plata Md Date signed 9/4/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08944

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (2004)

County Charles — Registration Dist. No. 108

Village or City near Waldorf — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME James Francis Washington — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept 24, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) ____ — 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) near Waldorf (State or country) Charles Co

FATHER

13. NAME James Frank Washington

14. BIRTHPLACE (city or town) ____ (State or country) Prince Geo Co

MOTHER

15. MAIDEN NAME Mary Mayerline Butler

16. BIRTHPLACE (city or town) ____ (State or country) Chas Co Md

17. INFORMANT James Butler (Address) Waldorf

18. BURIAL, CREMATION, OR REMOVAL Place at Home Date Sept 25, 1939

19. UNDERTAKER Hewitt & Ryon (Address) Waldorf

20. FILED Sept 25, 1939 M. L. Mourer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at ____ m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cause of death: Unknown cause	
unknown	
No more obtainable.	
Other **Contributory Causes** of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) M. L. Mourer M. D.

(Address) Waldorf Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08945

CERTIFICATE OF DEATH

Reg. Dist. No. 10

1. PLACE OF DEATH:

County Charles

City or town La Plata
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Physician's Mem. Hospital

Stay in hospital or inst. (yrs., or mos., or days) Newborn

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Chas

City or town Indian Head Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Boy Welch, Edwood Edwood

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1939

8. AGE: Years | Months | Days | If less than one day: hrs. 2 min.

9. Birthplace La Plata, Chas. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name William E. Welch
13. Birthplace Indian Head Md.

MOTHER
14. Maiden name Blanche Hart
15. Birthplace Md.

16. Informant Blanche Hart Welch
Address Indian Head Md

17. (Burial, cremation, or removal. Which?) Date thereof Sept 27 1939
(month) (day) (year)

Cemetery or crematory Mayanmen Church

Location Indian Head

18. Funeral director Wm. E. Welch
Address Indian Head

19. Sept 27 1939 (Date rec'd by registrar) Lillian Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 24 1939, at 4 22 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,

and that I last saw h alive on 19.

	DURATION
Immediate cause of death Premature birth	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank G. Susan M. D.
M. D. or other

Address Indian Head Date signed Sept 27 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08946

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (72-a)

County Charles Registration Dist. No. 106

Village or City Indian Head, No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Medora E. Willett If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alfred P. Willett

6. DATE OF BIRTH (month, day, and year): July 12, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Nanjemoy, Md.

FATHER

13. NAME: Uzial Wright.

14. BIRTHPLACE (city or town) (State or country): Charles Co., Md.

MOTHER

15. MAIDEN NAME: Elizabeth Hutchison

16. BIRTHPLACE (city or town) (State or country): Charles Co., Md.

17. INFORMANT (Address): Ellis Willett Indian Head, Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Bryans Road Md. Date: Sept 10, 1939

19. UNDERTAKER (Address): Hunt & Ryon, Waldorf, Md.

20. FILED Sept 7, 1939 F. C. Dennington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 6 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July, 1939, to Sept 6, 1939

I last saw h[illegible] alive on Sept 6, 1939; death is said to have occurred on the date stated above, at 11:25 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Leukemia	
Other Contributory Causes of Importance:	

Name of operation: Date of:

What test confirmed diagnosis? Blood Cnt Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) George C. Bickwell M. D.

(Address) Marbury, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN